

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/017540

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5			1			
6				1		
7				1		
8				1		
9				3		
10				3		
11			1			
12				1		
13				2		
14			1			
15				1		
16				1		
17				1		
18				1		
19				5		
20				5		
21				5		
22				1		
23				1		
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			38			
TOTAL CLAIMS			42			

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS